



# Project Application

Project Number: \_\_\_\_\_ - PA - \_\_\_\_\_ Case Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date: \_\_\_\_\_

**Staff Signature required PRIOR to submittal**

## Applicant to Complete Section Below

**Case Type:**

<input type="checkbox"/> Abandonment (AB)	<input type="checkbox"/> Master Plan Map (MP)	<input type="checkbox"/> Rezoning (ZN)
<input type="checkbox"/> Changes to a Recorded Plat (PC)	<input type="checkbox"/> Master Sign Program (MS)	<input type="checkbox"/> Text Amendment (TA)
<input type="checkbox"/> Change to Existing Lots (PC)	<input type="checkbox"/> Minor Subdivision (MD)	<input type="checkbox"/> Use Permit (UP)
<input type="checkbox"/> Development Review (DR)	<input type="checkbox"/> Preliminary Plat (PP)	<input type="checkbox"/> Variance (BA)
<input type="checkbox"/> General Plan Amendment (GP)	<input type="checkbox"/> Other: _____	

**Project Name:** \_\_\_\_\_

**Project Address:** \_\_\_\_\_

**Current Zoning District:** \_\_\_\_\_ **Parcel Number(s):** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Quarter Section:** \_\_\_\_\_ - \_\_\_\_\_

**Request:** \_\_\_\_\_

*The property owner shall designate an agent for the project. This person (the applicant) shall attend pre-application conferences and public hearings, will receive the agenda, recommendations, and case reports, and will communicate all case information to other parties as required. All contact for this project will be made through the applicant listed below.*

**Owner:** \_\_\_\_\_  
Company \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

**Developer:** \_\_\_\_\_  
Company \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

**Architect:** \_\_\_\_\_  
Company \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

**Engineer:** \_\_\_\_\_  
Company \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

**Applicant Contact:** \_\_\_\_\_ Phone: \_\_\_\_\_  
Applicant E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_  
Applicant Address: \_\_\_\_\_

\_\_\_\_\_  
Owner Signature

\_\_\_\_\_  
Applicant Signature

## OFFICIAL USE ONLY

Staff Signature: \_\_\_\_\_ E-mail: \_\_\_\_\_ @ScottsdaleAZ.gov 480-312-\_\_\_\_\_  
This application needs a: ☐ New Project Number or ☐ Old Project Number: \_\_\_\_\_ Date: \_\_\_\_\_

## Planning & Development Services Department

7447 E. Indian School Road, Suite 100, Scottsdale, AZ 85251 ♦ Phone: 480-312-7000 ♦ Fax: 480-312-7088